

**2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 09, 2008  
Secretary of State**

DOCUMENT# N04000010042

Entity Name: TRAFALGAR VILLAGE MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

2601 SOUTH POINCIANA BOULEVARD  
KISSIMMEE, FL 34758 US

**New Principal Place of Business:**

3400 W. OSCEOLA PKWY.  
KISSIMMEE, FL 34741 US

**Current Mailing Address:**

2601 SOUTH POINCIANA BOULEVARD  
KISSIMMEE, FL 34758 US

**New Mailing Address:**

3400 W. OSCEOLA PKWY.  
KISSIMMEE, FL 34741 US

FEI Number: 20-1836118      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DIVINE, RUSSELL W  
24 SOUTH ORANGE AVE.  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RUSSELL W. DIVINE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HAWKSWORTH, ALAN  
Address: 4983 BROOK ROAD  
City-St-Zip: KISSIMMEE, FL 34758

Title: VD ( ) Delete  
Name: O'SULLIVAN, CHARLIE  
Address: 3400 WEST OSCEOLA PARKWAY  
City-St-Zip: KISSIMMEE, FL 34741

Title: STD ( ) Delete  
Name: BISHOP, WILLIAM P  
Address: 2601 SOUTH POINCIANA BOULEVARD  
City-St-Zip: KISSIMMEE, FL 34758

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: MAYES, KEVIN  
Address: 3400 WEST OSCEOLA PARKWAY  
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLIE O'SULLIVAN

VD

10/09/2008

Electronic Signature of Signing Officer or Director

Date